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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b><br>(Only for new nonprovisional applications under 37 CFR 1.53(b))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | Attorney Docket No.                                                                                                | CM1924MCC                                                            |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | First Inventor                                                                                                     | Bettoli et al.                                                       |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Assignee                                                                                                           | The Procter & Gamble Company                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Title                                                                                                              | AMINE REACTION COMPOUNDS<br>COMPRISING ONE OR MORE ACTIVE INGREDIENT |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Express Mail Label No.                                                                                             |                                                                      |
| <b>APPLICATION ELEMENTS</b><br>See MPEP Chapter 600 concerning utility patent application contents.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | Mail Stop Patent Application<br>ADDRESS TO: Commissioner for Patents<br>P.O. Box 1450<br>Alexandria, VA 22313-1450 |                                                                      |
| 1. [X] Fee Transmittal Form (e.g., PTO/SB/17)<br><i>(Submit an original, and a duplicate for fee processing)</i><br>2. [X] Specification Total Pages [66]<br><i>(preferred arrangement set forth below)</i> <ul style="list-style-type: none"> <li>- Descriptive Title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R&amp;D</li> <li>- Reference to sequence listing, a table, or a computer program listing appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (<i>if filed</i>)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul><br>3. [] Drawing(s) (35 USC §113) Total Sheets [] |  |                                                                                                                    |                                                                      |
| 4. Oath or Declaration Total pages [3] <ul style="list-style-type: none"> <li>a. [] Newly executed (original or copy)</li> <li>b. [X] Copy from a prior application (37 CFR §1.63(d))<br/> <i>(for continuation/divisional with Box 17 complete)</i> <ul style="list-style-type: none"> <li>i. [] <b>DELETION OF INVENTORS</b><br/>               Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR §§1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul><br>5. [X] Application Data Sheet. See 37 CFR §1.76                                                                                                                                                                                                                                                   |  |                                                                                                                    |                                                                      |
| 6. [] CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                    |                                                                      |
| 7. Nucleotide and/or Amino Acid Sequence Submission<br><i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> <li>a. [] Computer Readable Form (CRF)</li> <li>b. Specification Sequence Listing on:             <ul style="list-style-type: none"> <li>i. [] CD-ROM or CD-R (2 copies); or</li> <li>ii. [] Paper</li> </ul> </li> <li>c. [] Statement verifying identity of above copies</li> </ul>                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                    |                                                                      |

**ACCOMPANYING APPLICATION PARTS**

- 8. [] Assignment Papers (cover sheet & document(s))
- 9. [] 37 CFR 3.73(b) Statement      [] Power of Attorney  
*(when there is an assignee)*
- 10. [] English Translation Document *(if applicable)*
- 11. [] Information Disclosure      [] Copies of IDS Statement (IDS)/PTO-1449/SB08 Citations
- 12. [] Preliminary Amendment
- 13. [X] Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
- 14. [] Certified Copy of Priority Document(s)  
*(if foreign priority is claimed)*
- 15. [] Nonpublication Request under 35 U.S.C. 122(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
- 16. [] Other: .....

17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR §1.76:

[X] Continuation    [] Divisional    [] Continuation-in-part (CIP)

of prior application No. 10/310,247

Prior application information: Examiner: John Hardee

Art Unit: 1751

For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**19. CORRESPONDENCE ADDRESS**

|                     |                                     |  |  |
|---------------------|-------------------------------------|--|--|
| [X] Customer Number | (Insert Customer No. here)<br>27752 |  |  |
|---------------------|-------------------------------------|--|--|

|                   |                   |                                   |        |
|-------------------|-------------------|-----------------------------------|--------|
| Name (Print/Type) | James F. McBride  | Registration No. (Attorney/Agent) | 43,784 |
| Signature         | November 18, 2003 |                                   |        |

+ This collection of information is required by 37 CFR 1.53(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

# FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

| C mplete if Known                         |                                      |
|-------------------------------------------|--------------------------------------|
| Application Number                        |                                      |
| Confirmation Number                       |                                      |
| Filing Date                               |                                      |
| First Named Inventor                      |                                      |
| Examiner Name                             |                                      |
| Art Unit                                  |                                      |
| <b>TOTAL AMOUNT OF PAYMENT (\$770.00)</b> | Attorney Docket No. <b>CM1924MCC</b> |

| METHOD OF PAYMENT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                            |                                                                                                           | FEE CALCULATION (continued)                                                                                                                                                                                                                                                                           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| 1. [X] The Director is hereby authorized to charge indicated fees submitted on this form, credit any over payments, and charge any additional fee(s) during the pendency of this application to:<br><br>Deposit Account Number: <b>16-2480</b><br>Deposit Account Name: <b>The Procter &amp; Gamble Company</b>                                                                                                                                                                                                                                                                       |                            |                                                                                                           | <b>3. ADDITIONAL FEES</b><br><br><table border="1"> <thead> <tr> <th>Code</th> <th>(\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>Surcharge-late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>1052</td><td>50</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>1053</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>1251</td><td>110</td><td>Extension for reply within 1<sup>st</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1252</td><td>420</td><td>Extension for reply within 2<sup>nd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1253</td><td>950</td><td>Extension for reply within 3<sup>rd</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1254</td><td>1,480</td><td>Extension for reply within 4<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1255</td><td>2,010</td><td>Extension for reply within 5<sup>th</sup> month</td><td><input type="checkbox"/></td></tr> <tr><td>1401</td><td>330</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1402</td><td>330</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>1403</td><td>290</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>1452</td><td>110</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>1453</td><td>1,330</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>1501</td><td>1,330</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>1502</td><td>480</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>1460</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>1807</td><td>50</td><td>Processing fee under 37 C.F.R. 1.17(q)</td><td><input type="checkbox"/></td></tr> <tr><td>1806</td><td>180</td><td>Submission of Information Disclosure Statement</td><td><input type="checkbox"/></td></tr> <tr><td>1809</td><td>770</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>1810</td><td>770</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>1801</td><td>770</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>1802</td><td>900</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td>1454</td><td>1330</td><td>Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c)</td><td><input type="checkbox"/></td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr><td colspan="4">Other fee (specify) _____</td><td><input type="checkbox"/></td></tr> <tr> <td colspan="3"><b>SUBTOTAL (1)</b></td> <td><b>* Reduced by Basic Filing Fee Paid</b></td> <td><b>SURTOTAL(3) (\$)</b> <input type="checkbox"/></td> </tr> </tbody> </table> |                                                  | Code        | (\$)         | Fee Description | Fee Paid                             | 1051               | 130         | Surcharge-late filing fee or oath    | <input type="checkbox"/> | 1052 | 50                             | Surcharge-late provisional filing fee or cover sheet | <input type="checkbox"/> | 1053 | 130 | Non-English specification | <input type="checkbox"/> | 1812 | 2,520 | For filing a request for <i>ex parte</i> reexamination | <input type="checkbox"/> | 1804 | 920* | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 1805 | 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 1251 | 110 | Extension for reply within 1 <sup>st</sup> month | <input type="checkbox"/> | 1252 | 420 | Extension for reply within 2 <sup>nd</sup> month | <input type="checkbox"/> | 1253 | 950 | Extension for reply within 3 <sup>rd</sup> month | <input type="checkbox"/> | 1254 | 1,480 | Extension for reply within 4 <sup>th</sup> month | <input type="checkbox"/> | 1255 | 2,010 | Extension for reply within 5 <sup>th</sup> month | <input type="checkbox"/> | 1401 | 330 | Notice of Appeal | <input type="checkbox"/> | 1402 | 330 | Filing a brief in support of an appeal | <input type="checkbox"/> | 1403 | 290 | Request for oral hearing | <input type="checkbox"/> | 1451 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 1452 | 110 | Petition to revive - unavoidable | <input type="checkbox"/> | 1453 | 1,330 | Petition to revive - unintentional | <input type="checkbox"/> | 1501 | 1,330 | Utility issue fee (or reissue) | <input type="checkbox"/> | 1502 | 480 | Design issue fee | <input type="checkbox"/> | 1460 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 1807 | 50 | Processing fee under 37 C.F.R. 1.17(q) | <input type="checkbox"/> | 1806 | 180 | Submission of Information Disclosure Statement | <input type="checkbox"/> | 1809 | 770 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 1810 | 770 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 1801 | 770 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 1802 | 900 | Request for expedited examination of a design application | <input type="checkbox"/> | 1454 | 1330 | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/> | Other fee (specify) _____ |  |  |  | <input type="checkbox"/> | Other fee (specify) _____ |  |  |  | <input type="checkbox"/> | <b>SUBTOTAL (1)</b> |  |  | <b>* Reduced by Basic Filing Fee Paid</b> | <b>SURTOTAL(3) (\$)</b> <input type="checkbox"/> |
| Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (\$)                       | Fee Description                                                                                           | Fee Paid                                                                                                                                                                                                                                                                                              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| 1051                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 130                        | Surcharge-late filing fee or oath                                                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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| 1052                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 50                         | Surcharge-late provisional filing fee or cover sheet                                                      | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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| 1053                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 130                        | Non-English specification                                                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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| 1812                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2,520                      | For filing a request for <i>ex parte</i> reexamination                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1804                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 920*                       | Requesting publication of SIR prior to Examiner's action                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1805                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1,840*                     | Requesting publication of SIR after Examiner's action                                                     | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1251                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 110                        | Extension for reply within 1 <sup>st</sup> month                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1252                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 420                        | Extension for reply within 2 <sup>nd</sup> month                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1253                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 950                        | Extension for reply within 3 <sup>rd</sup> month                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1254                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1,480                      | Extension for reply within 4 <sup>th</sup> month                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1255                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 2,010                      | Extension for reply within 5 <sup>th</sup> month                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1401                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 330                        | Notice of Appeal                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1402                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 330                        | Filing a brief in support of an appeal                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1403                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 290                        | Request for oral hearing                                                                                  | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1451                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1,510                      | Petition to institute a public use proceeding                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1452                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 110                        | Petition to revive - unavoidable                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1453                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1,330                      | Petition to revive - unintentional                                                                        | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1501                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1,330                      | Utility issue fee (or reissue)                                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1502                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 480                        | Design issue fee                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1460                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 130                        | Petitions to the Commissioner                                                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1807                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 50                         | Processing fee under 37 C.F.R. 1.17(q)                                                                    | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1806                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 180                        | Submission of Information Disclosure Statement                                                            | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1809                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 770                        | Filing a submission after final rejection (37 CFR § 1.129(a))                                             | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1810                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 770                        | For each additional invention to be examined (37 CFR § 1.129(b))                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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| 1801                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 770                        | Request for Continued Examination (RCE)                                                                   | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 1802                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 900                        | Request for expedited examination of a design application                                                 | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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| 1454                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1330                       | Acceptance of unintentionally delayed claim for priority under 35 U.S.C. 119, 120, 121, or 365 (a) or (c) | <input type="checkbox"/>                                                                                                                                                                                                                                                                              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| Other fee (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                                                                                                           |                                                                                                                                                                                                                                                                                                       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                     |      |      |                                                          |                          |      |        |                                                       |                          |      |     |                                                  |                          |      |     |                                                  |                          |      |     |                                                  |                          |      |       |                                                  |                          |      |       |                                                  |                          |      |     |                  |                          |      |     |                                        |                          |      |     |                          |                          |      |       |                                               |                          |      |     |           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| Other fee (specify) _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                            |                                                                                                           |                                                                                                                                                                                                                                                                                                       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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| <b>SUBTOTAL (1)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                            |                                                                                                           | <b>* Reduced by Basic Filing Fee Paid</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>SURTOTAL(3) (\$)</b> <input type="checkbox"/> |             |              |                 |                                      |                    |             |                                      |                          |      |                                |                                                      |                          |      |     |                           |                          |      |       |                                                        |                          |      |      |                                                          |                          |      |        |                                                       |                          |      |     |                                                  |                          |      |     |                                                  |                          |      |     |                                                  |                          |      |       |                                                  |                          |      |       |                                                  |                          |      |     |                  |                          |      |     |                                        |                          |      |     |                          |                          |      |       |                                               |                          |      |     |           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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE - Large Entity<br><br><table border="1"> <thead> <tr> <th>Claims</th> <th>Extra<br/>Fee from<br/>Below</th> <th>Fee<br/>Paid</th> </tr> </thead> <tbody> <tr><td>Total Claims</td><td>[20] - 20** =</td><td><input type="checkbox"/> x [ ] = [0]</td></tr> <tr><td>Independent Claims</td><td>[2] - 3** =</td><td><input type="checkbox"/> x [ ] = [0]</td></tr> <tr><td>Multiple Dependent</td><td></td><td><input type="checkbox"/> = [0]</td></tr> </tbody> </table> ** or number previously paid, if greater; For Reissues, see below |                            |                                                                                                           | Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Extra<br>Fee from<br>Below                       | Fee<br>Paid | Total Claims | [20] - 20** =   | <input type="checkbox"/> x [ ] = [0] | Independent Claims | [2] - 3** = | <input type="checkbox"/> x [ ] = [0] | Multiple Dependent       |      | <input type="checkbox"/> = [0] |                                                      |                          |      |     |                           |                          |      |       |                                                        |                          |      |      |                                                          |                          |      |        |                                                       |                          |      |     |                                                  |                          |      |     |                                                  |                          |      |     |                                                  |                          |      |       |                                                  |                          |      |       |                                                  |                          |      |     |                  |                          |      |     |                                        |                          |      |     |                          |                          |      |       |                                               |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |                                        |                          |      |     |                                                |                          |      |     |                                                               |                          |      |     |                                                                  |                          |      |     |                                         |                          |      |     |                                                           |                          |      |      |                                                                                                           |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Extra<br>Fee from<br>Below | Fee<br>Paid                                                                                               |                                                                                                                                                                                                                                                                                                       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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| Total Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | [20] - 20** =              | <input type="checkbox"/> x [ ] = [0]                                                                      |                                                                                                                                                                                                                                                                                                       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                     |      |      |                                                          |                          |      |        |                                                       |                          |      |     |                                                  |                          |      |     |                                                  |                          |      |     |                                                  |                          |      |       |                                                  |                          |      |       |                                                  |                          |      |     |                  |                          |      |     |                                        |                          |      |     |                          |                          |      |       |                                               |                          |      |     |           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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| Independent Claims                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | [2] - 3** =                | <input type="checkbox"/> x [ ] = [0]                                                                      |                                                                                                                                                                                                                                                                                                       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                     |      |      |                                                          |                          |      |        |                                                       |                          |      |     |                                                  |                          |      |     |                                                  |                          |      |     |                                                  |                          |      |       |                                                  |                          |      |       |                                                  |                          |      |     |                  |                          |      |     |                                        |                          |      |     |                          |                          |      |       |                                               |                          |      |     |                                  |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |                                        |                          |      |     |                                                |                          |      |     |                                                               |                          |      |     |                                                                  |                          |      |     |                                         |                          |      |     |                                                           |                          |      |      |                                                                                                           |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| Multiple Dependent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                            | <input type="checkbox"/> = [0]                                                                            |                                                                                                                                                                                                                                                                                                       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                       |                          |      |       |                                    |                          |      |       |                                |                          |      |     |                  |                          |      |     |                               |                          |      |    |                                        |                          |      |     |                                                |                          |      |     |                                                               |                          |      |     |                                                                  |                          |      |     |                                         |                          |      |     |                                                           |                          |      |      |                                                                                                           |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| Code (\$)<br>1202 18 Claims in excess of 20<br>1201 86 Independent claims in excess of 3<br><br>1203 290 Multiple dependent claim, if not paid<br>1204 86 **Reissue independent claims over original patent<br>1205 18 **Reissue claims in excess of 20 & over original patent                                                                                                                                                                                                                                                                                                        |                            |                                                                                                           |                                                                                                                                                                                                                                                                                                       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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |
| <b>SUBTOTAL (2) (\$)[0]</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                            |                                                                                                           |                                                                                                                                                                                                                                                                                                       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                  |                          |                           |  |  |  |                          |                           |  |  |  |                          |                     |  |  |                                           |                                                  |

| SUBMITTED BY      |                         | Complete (if applicable)             |               |                                 |
|-------------------|-------------------------|--------------------------------------|---------------|---------------------------------|
| Name (Print/Type) | <b>James F. McBride</b> | Registration No.<br>(Attorney/Agent) | <b>43,784</b> | Telephone <b>(513) 627-0079</b> |
| Signature         |                         |                                      |               | Date <b>November /5 , 2003</b>  |

This collection of information is required by 37 CFR 1.17. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon individual case. Any comments on the amount of time you are required to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.